



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Michio MASUDA

Application No.: 10/679,422

Filed: October 7, 2003

For: FEMALE SCREW MECHANISM AND NUT

Attorney Docket No.: TOC-0009

Examiner: J. A. Sharp

Art Unit: 3677

Confirmation No.: **3477**

**AMENDMENT UNDER 37 C.F.R. §1.111**

**Mail Stop Amendment**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

**I. INTRODUCTORY COMMENTS**

In response to the Office Action dated March 8, 2005, please amend the above-identified application as set forth below.

Claims 1-5 are pending in the application. By this Amendment, claims 1-5 are amended.

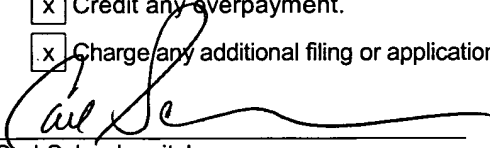
Applicant expresses his appreciation for the Examiner's issuance of the Office Action dated March 8, 2005, as a substitute for the Office Action mailed to Applicant's representatives on December 22, 2004, effectively extending Applicant's time for response.

**II. AMENDMENTS TO THE DRAWINGS**

(There are no amendments to the drawings)



IFW

AMENDMENT TRANSMITTAL LETTER				Docket No. TOC-0009																																											
Application No. 10/679,422-Conf. #3477		Filing Date October 7, 2003		Examiner J. A. Sharp																																											
				Art Unit 3677																																											
Applicant(s): Michio MASUDA																																															
Invention: FEMALE SCREW MECHANISM AND NUT																																															
<p align="center"><b>TO THE COMMISSIONER FOR PATENTS</b></p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p>																																															
<table border="1"><thead><tr><th colspan="6">CLAIMS AS AMENDED</th></tr><tr><th></th><th>Claims Remaining After Amendment</th><th>Highest Number Previously Paid</th><th>Number Extra Claims Present</th><th>Rate</th><th></th></tr></thead><tbody><tr><td>Total Claims</td><td>5</td><td>- 20 =</td><td></td><td>x</td><td>0.00</td></tr><tr><td>Independent Claims</td><td>1</td><td>- 3 =</td><td></td><td>x</td><td>0.00</td></tr><tr><td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td><td></td></tr><tr><td colspan="5">Other fee (please specify):</td><td></td></tr><tr><td colspan="5"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td><td><b>0.00</b></td></tr></tbody></table>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	5	- 20 =		x	0.00	Independent Claims	1	- 3 =		x	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>0.00</b>
CLAIMS AS AMENDED																																															
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate																																											
Total Claims	5	- 20 =		x	0.00																																										
Independent Claims	1	- 3 =		x	0.00																																										
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>																																															
Other fee (please specify):																																															
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>0.00</b>																																										
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity																																															
<input checked="" type="checkbox"/> No additional fee is required for this amendment.																																															
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ 0.00 . A duplicate copy of this sheet is enclosed.																																															
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.																																															
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																															
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 18-0013 as described below. A duplicate copy of this sheet is enclosed.																																															
<input checked="" type="checkbox"/> Credit any overpayment.																																															
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																															
 Carl Schaukowitz Attorney Reg. No.: 29,211				Dated: April 13, 2005																																											
RADER, FISHMAN & GRAUER PLLC 1233 20th Street, N.W. Suite 501 Washington, DC 20036 (202) 955-3750																																															